south dakota
DEPARTMENT OF EDUCATION
Learning. Leadership. Service.

SES (FREE TUTORING) REGISTRATION FORMS

BY DISTRICT

TABLE OF CONTENTS

ANDES CENTRAL SCHOOL DISTRICT

No Child Left Behind
FREE TUTORING
Registration Form

Complete all sections in **bold print** and return to school by: _____

1. ___ I request FREE Tutoring for my child(ren) listed below.

Name of Child(ren)	Grade	Name of Child(ren)	Grade
_____	___	_____	___
_____	___	_____	___

2. Mark your 1st, 2nd, and 3rd choice of provider;
Providers will be assigned on basis of student need & number of spaces available

Choice	Provider
	Babbage Net School SES Program (1-12)
	Brainfuse Online Instruction (3-12)
	CAMPUS (Center for Academic Motivation & Personal Unlimited Success) (K-12)
	Catapult Online (3-12)
	Club Z! In-Home Tutoring Services (K-12)
	Failure Free Reading (K-12)
	Student Nest (1-12)

3. Contact Information

Parent or Guardian Name: _____

Mailing Address: _____

Contact Number(s): _____

4. _____I do NOT request Free-tutoring for my student(s) for the following reason.

___ Student enrolled in another after-school program
___ Student involved in after-school activities
___ Student doesn't need the services
___ Other (please specify) _____
_____
_____

In signing this form, I give the district and school permission to share information about my student with those involved in the development of the student learning plan and progress reporting.

Parent/Guardian Signature: _____
Date: _____

BELLE FOURCHE SCHOOL DISTRICT

No Child Left Behind
FREE TUTORING
Registration Form

Complete all sections in **bold print** and return to school by: _____

1. ___ I request FREE Tutoring for my child(ren) listed below.

Name of Child(ren)   **Grade**   **Name of Child(ren)**   **Grade**

_____   ____   _____   ____

_____   ____   _____   ____

2. Mark your 1st, 2nd, and 3rd choice of provider;
Providers will be assigned on basis of student need & number of spaces available

Choice	Provider
	Babbage Net School SES Program (1-12)
	Black Hills Special Services Cooperative (Discovery Center) (K-8)
	Brainfuse Online Instruction (3-12)
	Catapult Online (3-12)
	Club Z! In-Home Tutoring Services (K-12)
	Failure Free Reading (K-12)
	Student Nest (1-12)

3. Contact Information

Parent or Guardian Name: _____

Mailing Address: _____

Contact Number(s): _____

4. _____ I do NOT request Free-tutoring for my student(s) for the following reason.

___ Student enrolled in another after-school program
___ Student involved in after-school activities
___ Student doesn't need the services
___ Other (please specify) _____
_____
_____

In signing this form, I give the district and school permission to share information about my student with those involved in the development of the student learning plan and progress reporting.

Parent/Guardian Signature: _____
Date: _____

MCLAUGHLIN SCHOOL DISTRICT

No Child Left Behind
FREE TUTORING
Registration Form

Complete all sections in **bold print** and return to school by: _____

1. ___ I request FREE tutoring for my child(ren) listed below.

Name of child(ren)	Grade	Name of child(ren)	Grade
_____	_____	_____	_____
_____	_____	_____	_____

2. Mark your 1st, 2nd, and 3rd choice of provider;
Providers will be assigned on basis of student need & number of spaces available

Choice	Provider
	Acadamia.Net (K-12)
	Babbage Net School SES Program (1-12)
	Brainfuse Online Instruction (3-12)
	Catapult Online (3-12)
	Club Z! In-Home Tutoring Services (K-12)
	Failure Free Reading (K-12)
	Student Nest (1-12)

3. Contact Information

Parent or Guardian Name: _____

Mailing Address: _____

Contact Number(s): _____

4. ___ I do NOT request Free-tutoring for my student(s) for the following reason.

___ Student enrolled in another after-school program
___ Student involved in after-school activities
___ Student doesn't need the services
___ Other (please specify) _____
_____
_____

In signing this form, I give the district and school permission to share information about my student with those involved in the development of the student learning plan and progress reporting.

Parent/Guardian Signature:_____
Date:_____

MILBANK SCHOOL DISTRICT

No Child Left Behind
FREE TUTORING
Registration Form

Complete all sections in **bold print** and return to school by: _____

1. ___ I request FREE tutoring for my child(ren) listed below.

Name of child(ren)	Grade	Name of child(ren)	Grade
_____	_____	_____	_____
_____	_____	_____	_____

2. Mark your 1st, 2nd, and 3rd choice of provider;
Providers will be assigned on basis of student need & number of spaces available

Choice	Provider
	Babbage Net School SES Program (1-12)
	Brainfuse Online Instruction (3-12)
	Catapult Online (3-12)
	Club Z! In-Home Tutoring Services (K-12)
	Failure Free Reading (K-12)
	Student Nest (1-12)
	Sylvan Learning Center (K-12)

3. Contact Information

Parent or Guardian Name: _____

Mailing Address: _____

Contact Number(s): _____

4. ___ I do NOT request Free-tutoring for my student(s) for the following reason.
___ Student enrolled in another after-school program
___ Student involved in after-school activities
___ Student doesn't need the services
___ Other (please specify) _____
_____
_____

In signing this form, I give the district and school permission to share information about my student with those involved in the development of the student learning plan and progress reporting.

Parent/Guardian Signature: _____
Date: _____

RAPID CITY SCHOOL DISTRICT

No Child Left Behind
FREE TUTORING
Registration Form

Complete all sections in **bold print** and return to school by: _____

1. ___ I request FREE tutoring for my child(ren) listed below.

Name of Child(ren)	Grade	Name of child(ren)	Grade
_____	_____	_____	_____
_____	_____	_____	_____

2. Mark your 1st, 2nd, and 3rd choice of provider;
Providers will be assigned on basis of student need & number of spaces available

Choice	*Provider*
	Acadamia.Net (K-12)
	Babbage Net School SES Program (1-12)
	Black Hills Special Services Cooperative (Discovery Center) for *Bergquist, General Beadle, Horace Mann, & Knollwood only (3-12)*
	Brainfuse Online Instruction (3-12)
	Catapult Online (3-12)
	Club Z! In-Home Tutoring Services (K-12)
	Failure Free Reading (K-12)
	Student Nest (1-12)

3. Contact Information

Parent or Guardian Name: _____

Mailing Address: _____

Contact Number(s): _____

4. ___ I do NOT request Free tutoring for my student(s) for the following reason.

___ Student enrolled in another after-school program
___ Student involved in after-school activities
___ Student doesn't need the services
___ Other (please specify) _____
_____
_____

In signing this form, I give the district and school permission to share information about my student with those involved in the development of the student learning plan and progress reporting.

Parent/Guardian Signature: _____
Date: _____

SHANNON COUNTY SCHOOL DISTRICT

No Child Left Behind
FREE TUTORING
Registration Form

Complete all sections in **bold print** and return to school by: _____

1. ___ I request FREE tutoring for my child(ren) listed below.

Name of child(ren)	Grade	Name of child(ren)	Grade
_____	_____	_____	_____
_____	_____	_____	_____

2. Mark your 1st, 2nd, and 3rd choice of provider;
Providers will be assigned on basis of student need & number of spaces available

Choice	*Provider*
	Acadamia.Net (K-12)
	Babbage Net School SES Program (1-12)
	Brainfuse Online Instruction (3-12)
	Catapult Online (3-12)
	Club Z! In-Home Tutoring Services (K-12)
	Failure Free Reading (K-12)
	Student Nest (1-12)
	Three Rivers Special Services Cooperative (K-12)
	Tutoring Promise (*Batesland*) (K-8)

3. Contact Information

Parent or Guardian Name: _____

Mailing Address: _____

Contact Number(s): _____

4. ___ I do NOT request free tutoring for my student(s) for the following reason.
___ Student enrolled in another after-school program
___ Student involved in after-school activities
___ Student doesn't need the services
___ Other (please specify)_____
_____
_____

In signing this form, I give the district and school permission to share information about my student with those involved in the development of the student learning plan and progress reporting.

Parent/Guardian Signature: _____
Date: _____

SIOUX FALLS SCHOOL DISTRICT

No Child Left Behind
FREE TUTORING
Registration Form

Complete all sections in **bold print** and return to school by: _____

1. ___ I request FREE tutoring for my child(ren) listed below.

Name of Child(ren)	Grade	Name of child(ren)	Grade
_____	_____	_____	_____
_____	_____	_____	_____

2. Mark your 1st, 2nd, and 3rd choice of provider;
Providers will be assigned on basis of student need & number of spaces available

Choice	Provider
	Acadamia.Net (K-12)
	Babbage Net School SES Program (1-12)
	Brainfuse Online Instruction (3-12)
	Catapult Online (3-12)
	Club Z! In-Home Tutoring Services (K-12)
	Cyberstudy 101.net (K-8)
	Excel Achievement Center (K-12)
	Failure Free Reading (K-12)
	Student Nest (1-12)
	Sylvan Learning Center (K-12)
	USF Reading and Math Camps (K-5)
	Washington Pavilion of Arts & Science (Summer Reading Adventure Camp) (1-5)

3. Contact Information

Parent or Guardian Name: _____

Mailing Address: _____

Contact Number(s): _____

4. ___ I do NOT request Free tutoring for my student(s) for the following reason.

___ Student enrolled in another after-school program
___ Student involved in after-school activities
___ Student doesn't need the services
___ Other (please specify)_____

In signing this form, I give the district and school permission to share information about my student with those involved in the development of the student learning plan and progress reporting.

Parent/Guardian Signature: _____
Date: _____

SMEE SCHOOL DISTRICT

No Child Left Behind
FREE TUTORING
Registration Form

Complete all sections in **bold print** and return to school by: _____

1. ___ I request FREE tutoring for my child(ren) listed below.

Name of child(ren)	Grade	Name of child(ren)	Grade
_____	_____	_____	_____
_____	_____	_____	_____

2. Mark your 1ˢᵗ, 2ⁿᵈ, and 3ʳᵈ choice of provider;
Providers will be assigned on basis of student need & number of spaces available

Choice	Provider
	Babbage Net School SES Program (1-12)
	Brainfuse Online Instruction (3-12)
	Catapult Online (3-12)
	Club Z! In-Home Tutoring Services (K-12)
	Failure Free Reading (K-12)
	Student Nest (1-12)

3. Contact Information

Parent or Guardian Name: _____

Mailing Address: _____

Contact Number(s): _____

4. ___ I do NOT request Free tutoring for my student(s) for the following reason.

____ Student enrolled in another after-school program
____ Student involved in after-school activities
____ Student doesn't need the services
____ Other (please specify)_____
_____
_____

In signing this form, I give the district and school permission to share information about my student with those involved in the development of the student learning plan and progress reporting.

Parent/Guardian Signature: _____
Date: _____

TODD COUNTY SCHOOL DISTRICT

No Child Left Behind
FREE TUTORING
Registration Form

Complete all sections in **bold print** and return to school by: _____

1. ___ I request FREE tutoring for my child(ren) listed below.

Name of child(ren)	Grade	Name of Child(ren)	Grade
_____	_____	_____	_____
_____	_____	_____	_____

2. Mark your 1st, 2nd, and 3rd choice of provider;
Providers will be assigned on basis of student need & number of spaces available

Choice	Provider
	Acadamia.Net (K-12)
	Babbage Net School SES Program (1-12)
	Brainfuse Online Instruction (3-12)
	CAMPUS (Center for Academic Motivation & Personal Unlimited Success) (K-12)
	Catapult Online (3-12)
	Club Z! In-Home Tutoring Services (K-12)
	Failure Free Reading (K-12)
	Student Nest (1-12)

3. Contact Information

Parent or Guardian Name: _____

Mailing Address: _____

Contact Number(s): _____

4. ___ I do NOT request Free tutoring for my student(s) for the following reason.

___ Student enrolled in another after-school program
___ Student involved in after-school activities
___ Student doesn't need the services
___ Other (please specify)_____
_____
_____

In signing this form, I give the district and school permission to share information about my student with those involved in the development of the student learning plan and progress reporting.

Parent/Guardian Signature: _____
Date: _____

WATERTOWN SCHOOL DISTRICT

No Child Left Behind
FREE TUTORING
Registration Form

Complete all sections in **bold print** and return to school by: _____

1. ___ I request FREE tutoring for my child(ren) listed below.

Name of child(ren)	Grade	Name of Child(ren)	Grade
_____	_____	_____	_____
_____	_____	_____	_____

2. Mark your 1st, 2nd, and 3rd choice of provider;
Providers will be assigned on basis of student need & number of spaces available

Choice	Provider
	Babbage Net School SES Program (1-12)
	Brainfuse Online Instruction (3-12)
	Catapult Online (3-12)
	Club Z! In-Home Tutoring Services (K-12)
	Failure Free Reading (K-12)
	Student Nest (1-12)
	Sylvan Learning Center (K-12)

3. Contact Information

Parent or Guardian Name: _____

Mailing Address: _____

Contact Number(s): _____

4. ___ I do NOT request Free tutoring for my student(s) for the following reason.

___ Student enrolled in another after-school program
___ Student involved in after-school activities
___ Student doesn't need the services
___ Other (please specify)_____
_____
_____

In signing this form, I give the district and school permission to share information about my student with those involved in the development of the student learning plan and progress reporting.

Parent/Guardian Signature: _____
Date: _____

WHITE RIVER SCHOOL DISTRICT

No Child Left Behind
FREE TUTORING
Registration Form

Complete all sections in **bold print** and return to school by: _____

1. ___I request FREE tutoring for my child(ren) listed below.

Name of Child(ren)	**Grade**	**Name of Child(ren)**	**Grade**
_____	_____	_____	_____
_____	_____	_____	_____

2. Mark your 1st, 2nd, and 3rd choice of provider;
Providers will be assigned on basis of student need & number of spaces available

Choice	*Provider*
	Acadamia.Net (K-12)
	Babbage Net School SES Program (1-12)
	Brainfuse Online Instruction (3-12)
	Catapult Online (3-12)
	Club Z! In-Home Tutoring Services (K-12)
	Failure Free Reading (K-12)
	Student Nest (1-12)
	Three Rivers Special Services Cooperative (K-12)

3. Contact Information

Parent or Guardian Name: _____

Mailing Address: _____

Contact Number(s): _____

4. ___ I do NOT request Free tutoring for my student(s) for the following reason.

___ Student enrolled in another after-school program
___ Student involved in after-school activities
___ Student doesn't need the services
___ Other (please specify)_____
_____
_____

In signing this form, I give the district and school permission to share information about my student with those involved in the development of the student learning plan and progress reporting.

Parent/Guardian Signature: _____
Date: _____

WINNER SCHOOL DISTRICT

No Child Left Behind
FREE TUTORING
Registration Form

Complete all sections in **bold print** and return to school by: _____

1. ___ I request FREE tutoring for my child(ren) listed below.

Name of child(ren)	Grade	Name of Child(ren)	Grade
_____	_____	_____	_____
_____	_____	_____	_____

2. Mark your 1st, 2nd, and 3rd choice of provider;
Providers will be assigned on basis of student need & number of spaces available

Choice	Provider
	Babbage Net School SES Program (1-12)
	Brainfuse Online Instruction (3-12)
	CAMPUS (Center for Academic Motivation & Personal Unlimited Success) (K-12)
	Catapult Online (3-12)
	Club Z! In-Home Tutoring Services (K-12)
	Failure Free Reading (K-12)
	Student Nest (1-12)

3. Contact Information

Parent or Guardian Name: _____

Mailing Address: _____

Contact Number(s): _____

4. ___ I do NOT request Free tutoring for my student(s) for the following reason.

___ Student enrolled in another after-school program.
___ Student involved in after-school activities
___ Student doesn't need the services
___ Other (please specify)_____
_____
_____

In signing this form, I give the district and school permission to share information about my student with those involved in the development of the student learning plan and progress reporting.

Parent/Guardian Signature: _____
Date: _____